

FISH DISEASE DIAGNOSTICS SUBMISSION FORM



**Wisconsin Veterinary
Diagnostic Laboratory**
UNIVERSITY OF WISCONSIN-MADISON

MADISON

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For Laboratory Use Only

Condition: Live Dead
 Frozen Chilled Warm

Owner _____
Farm _____
Address _____
City _____ State _____ Zip _____
Reference _____
Premise ID _____
Date samples taken _____ Shipped _____

Veterinarian _____
Clinic _____
Address _____
City _____ State _____ Zip _____
Phone () _____ FAX () _____
E-mail address _____

SPECIMENS SUBMITTED

Samples

How many?
 Whole fish (WF) _____
 Gill (GL) _____
 Head (HD) _____
 Heart (HRT) _____
 Intestine (INT) _____
 Kidney (KID) _____
 Liver (LIV) _____
 Muscle (MSL) _____
 Skin (SKN) _____
 Kidney/Spleen (K/S) _____

Samples

How many?
 Spleen (SPL) _____
 Swim bladder (SB) _____
 Whole viscera (WV) _____
 Other (OTH) _____
(specify _____)
How preserved?
 Fresh
 Frozen
 Fixed _____
 Transport medium _____

Fluids

How many?
 Ovarian Fluid (OF) _____
 Other (OTH) _____
(specify _____)
 Individual
 Pool

Miscellaneous

How many?
 Bacterial isolate _____
(origin _____)
 Smear (SM) _____
(specify _____)
 Swab (SW) _____
(origin _____)
 Other (OTH) _____
(specify _____)

TESTS REQUESTED

Please check the WVDL website or call the WVDL for a list of available tests and fees.

Bacteriology

Bacterial Culture & ID
 Bacterial Kidney Disease

Pathology

Necropsy
 Histopathology

Parasitology

Direct Smear Exam
 Internal Parasite Screen
 Whirling Disease

Virology

Salmonid Virus
 Largemouth Bass Virus
 Spring Viremia of Carp Virus
 Sturgeon Virus
 Viral Hemorrhagic Septicemia

Preliminary Findings

FAX or E-mail

NOTE: Please identify all specimens individually below. Do only tests requested OR Do additional tests if needed to make a diagnosis.

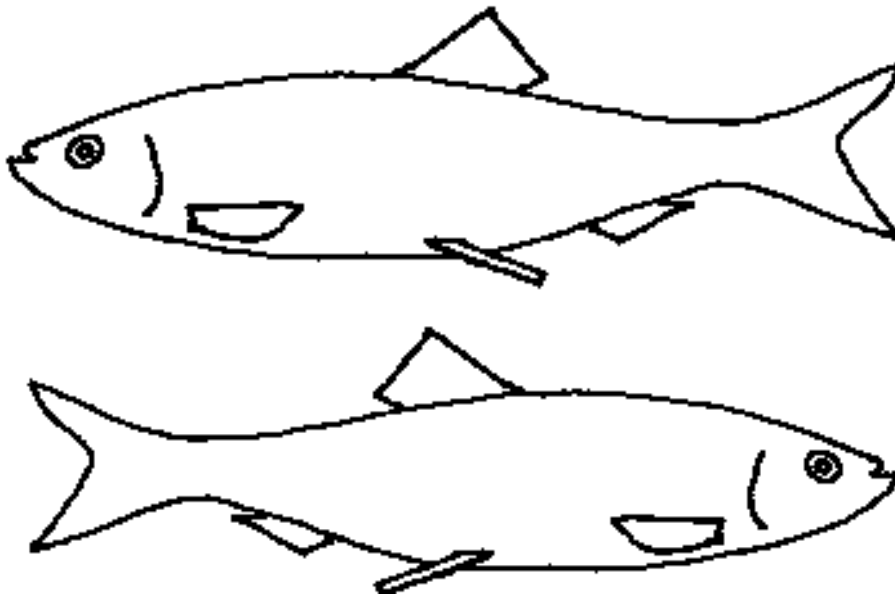
| <u>Fish/Lot ID</u> | <u>Species</u> | <u>Age/Size</u> | <u>Specimen Abbreviation</u> (From list above) | <u>Analysis Requested</u> |
|--------------------|----------------|-----------------|---|---------------------------|
| 1 _____ | _____ | _____ | _____ | _____ |
| 2 _____ | _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ | _____ |
| 4 _____ | _____ | _____ | _____ | _____ |
| 5 _____ | _____ | _____ | _____ | _____ |

HISTORY

(Clinical signs, nutrition, management, temperature, environment, water quality, stress level, vaccinations, therapy, necropsy findings, previous laboratory results, etc.)

DESCRIPTION OF LESIONS

Please draw lesions and their locations as best you can.



Submitting Veterinarian's Signature

For Laboratory Use Only:

FAX _____ Phone _____ Prelim _____ Final _____